No. 202

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1 PLACE OF DEATH	STATE OF MARYLAND
county Frederick	CERTIFICATE OF DEATH
0	Registration Dist, No.
Village or City Brunswole (No	St.; Ward)  [If death occurred in a hospilal or institution, give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex Color or RAGE Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH ATV. 21 ,1914 (Year)
8 DATE OF BIRTH	I HEREBY GERTIFY, That I attended deceased from
Burs 17 ,82	9 1914, to 191
(Month) (Day (Year)	
7 AGE If LESS this 1 day,hr	and that death obtained on the date states above, at
yrs mos ds. OR min.	I INC CAUSE OF DEATH * Was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 2073 yrs mags ds.
9 BIRTHPLACE (State or country)	Contributory Old agr. Guesal defully
10 NAME OF Peter Cole	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 A COLUMN ACCOUNTS  14 BIRTHPLACE OF FATHER (State or country)  15 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Pleasant Harly	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State yrs, mos. ds
(Informani) Mus Henry allen	Where was disease contracted, If not at place of dealh?  Former or osual residence.
(Address) Bohr Southwick Ind	Rehobeth vu DATE OF BURIAL VIN 23 1914
Filed Jan 27, 191 4 John West REGISTRAR	20 UNDERTAKER Brunsur & Mil

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, ctc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



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	RITE PLAINLY, WITH UNFADING INK-THIS IS	RITE PLAINLY, WITH UNFADING INK-THIS IS of information should be carefully supplied. ACE should be

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist, No. It death occurred in -Ward) a hospital or institution. give Its NAME Instead ot street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, Pordowe 3 SEX 4 COLOR OR RAGE 16 DATE OF DEATH 191 Let WIDOWED. (Month) (Dav (Year) ORGIVORCED 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. ... t day .....hrs. OR ..... min. ? 8 OCCUPATION particular kind of work Dection lines (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) .-----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address). maria PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ State \_\_\_\_ Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) -15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid definite); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (seeondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For VIO-

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state Very PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe IS should THIS AGE supplied. pe UNFADING may certificate. carefully that 80 6 PLAINLY, WITH Pe See Instructions on back terms, should plain of Information DEATH In WRITE Every Item CAUSE OF Important.

8 OCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of industry,

business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE

(Address)

OF MOTHER

OF MOTHER (State or country)

TO THE

OF FATHER (State or country)

PARENTS

15

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH 10 (Month) (Day TAGE

(Year)

it LESS than

1 day ..... hrs.

OR ..... 7

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.; Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH Movembe	(Day (Year)
17. I HEREBY CERTIFY, That I a Mor. 1914, to Mor. that I last saw hours alive on More	1 6 , 191 4. Mesky, 191 4
and that death occurred on the date stated a	bove, at m
The CAUSE OF DEATH* was as follows:  Chronic Endocard  Multal Tugue	Liga Line
	and a Value and followed a State of Transaction and
	***************************************
Contributory CCUE dilate	estrow 7
fleart (Duration)	yrs mostrous de
(Signed) / Wand ( )	aller, M. D.
MOV 1 (1, 191 4 (Address)	lown Mis
*State the DISEASE CAUSING DEATH, or, i CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IF OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State Where was disease contracted, it not at place of death?	STITUTIONS, TRANSIENTS, ds
Former or usual residence.	
Maccham md	PINT 13, 1914
20 INDERTAKER ASPAREN. MA	ADDRESS



[Approved by U. S. Census and American Public Health Association.]

gainfully cuployed, as At school or At home. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, ctc, Carcin-

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# N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Manuale White words  DATE OF BIRTH  TAGE    I HEREBY CERTIFY, That I attended deceased from the last stated deceased from the last stated deceased from the last stated above, at   1915	Village or City Breleystrum (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No
DATE OF BIRTH  TAGE    Month   Mark	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE  (Month)  (Day  (Year)  (Adress)  (Month)  (Day  (Year)  (That  (Year)  (The Liss han  1 day	MARRIED, WIDOWED, WIDOWED	(Month) (Day (Year)
The CAUSE OF DEATH* was as follows:    Continue   Conti	June 12th 1846	1914, to 2 4 , 1914,
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  WILLIAM GLAVIER  OF FATHER  WILLIAM GLAVIER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)	10 - 10 1 day,hrs.	and that death occurred on the date stated above, at 3.36 Pm.  The CAUSE OF DEATH* was as follows:
(Signed) Class Couldanness (State or country) Mederick Co. Miles (State or c	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).	Gontributory Secondary
13 BIRTHPLACE OF MOTHER (State or country) Mederick CA. No.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Light Country Wild I not at place of death?  (Address) Buckey How Country Wild I PLACE OF BURIAL OR REMOVAL  16  Flied MAY 24, 191 - Clyda Markey  REGISTRAN  OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, it not at place of death?  Former or usual residence.  20 UNDERTAKER  ADDRESS  ADDRESS	of 11 BIRTHPLACE DE LA STATE	(Signed) / Clyde Moulain , M. D.
(Address) Duckey Down und 19 PLACE OF BURIAL OR REMOVAL  15 Flied Nov 24, 1914 T. Clyda Renter 20 UNDERTAKER  REGISTRAR  ADDRESS  Timberial	13 BIRTHPLACE OF MOTHER (State or country) Blederick Ca. No.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, it not at place of death? Former or
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	Flied Nov24, 191: F. Clyla Montager REGISTRAN	Tous with hov 26, 1914.  20 UNDERTAKER Le Chine Trud enich

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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County Audenick 11480	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Walkersville (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White SHINGLE, MARRIED, MARRIED (Write the word)  B DATE OF BIRTH  Licenstr L5 , 18 43	16 DATE OF DEATH  Average Let 13, 1914  (Month) (Day) (Year)  17  I HEREBY GERTIFY, That I attended deceased from  Navember 9, 1914, to Average 13, 1914
(Month) (Day) (Year)  7 AGE    It LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, st
particular kind et work  (b) Geoeral nature et industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF	Contributory Augocandial Congeniation (Secondary) (Deration) Secondary mos ds.
TATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) , M. D.  , 19t (Address) Laurent Laur
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted,
(Intermant) David M. Barrick  (Address) Malleneill.	19 PLACE OF BURIAL OR REMOVAL  Lade Complete  20 UNDERTAKER  ADDRESS  ADDRESS
If more blanks are needed, address State Registrar	thanells & possel foods low ind

[Approved by U. S. Census and American Public Health Association.]

"material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. mine, etc. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puepperal septichaemia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Can-Never report



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WRITE PLAINLY, WITH

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate.

V. S. No.

PLACE OF DEATH 11481	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 134
Village or City & Montoburg (No).	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute Stander, Married, whowever, (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last ssw h alive on, 191
7 AGE Still born _ If LESS than 1 day,hrs.  9 OCCUPATION OF MOS	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration)
10 NAME OF FATHER Samuel Buugher	(Signed) Broke Sumson, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE  13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Brand Blue MAN 15  Filed Mar 14, 191 4 Maffe Shull Registrans  If more Manks are needed address State Ports	19 PLACE OF BURIAL OR REMOVARDS TO DATE OF BURIAL  Flade Complany Traff Mine 16 , 1914  30 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an additional line is provided for the latter statement; been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary, to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the applies to each and every person, irrespective of ago. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Aceidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For Vio-



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING T. S. No. 1.

County Frederich	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 144
Village or City GRACES AN (No. 1)	St.; Ward)  [It death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hernels While Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  191 4, to Olon 3, 1914.
**Month (Day) (Year)  7 AGE    If LESS than 1 day,hrs. ORmin.?  **B OCCUPATION (a) Trade, profession, or particular kind of work   1200   1	that I last saw he alive on How 3 1914 and that death occurred on the date stated above, at 15th m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  Petrophysical State or country)  On any family	Contributory Orbital Scleration (Secondary)  (Deration) Syrs mos ds.
11 BIRTHPLICE OF FATHER  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) A
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Information)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?—
(Address) Graceham Ind  15 Filed Nov. 5 1914, Anna M. Janes Registran  Registran  11 more blanks are needed, address State Begistran	19 RLAGE OF BURIAL OR BEMOVAL DATE OF BURIAL  20 UNDERTAKER  M. A. Less of Mannest Ind.  6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all extends with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Aszer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciture of the American Medicai Association.) "Contributory." The contributory (secondary or intercurrent) Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_ (name origin; "Can Never report Examples:



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CCUPATION IS PHYSICIANS RECORD certifica 0.0 terms, n back instructions plai Information = WRITE DE 0 Item Every Item CAUSE OF Important.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. It death occurred in Ward) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day 8hrs The CAUSE OF DEATH \* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At piace In the ot death ...... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. .... Where was disease contracted. It not at place of death? Former or (Interment) CE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Purpersal septichuecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for



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PLACE OF DEATH	STATE OF MARYLAND
Trednick	CERTIFICATE OF DEATH
Gounty Lawrence	133
m'1001	Registration Dist, No.
Village or City Middletrion (No	St.; Ward) [It death occurred in a hospital or institution,
	gine the Matter Institution,
2FULL NAME Felew Maomi	Bowlus of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Sul of	16 DATE OF DEATH MAY 4 1914
Temole White (Brite the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
nn 3 1914	nov 3 m, 1914 to nov 4, 1914.
(Month) (Day (Year)	that I last saw h alive on Mon 4 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 1, Pm.
yrs	The CAUSE OF DEATH* was as follows:
BOCCUPATION	f. I.
(a) Trade, profession, or particular kind of work.	Junature Circo
(b) General nature of industry,	
business, or establishmen1 in which employed (or employer)	(Ouration) yrs. Mos. L. Us.
BIRTHPLACE (State or country) MANN	Contributory nuknown
- Mace	Secondary
10 NAME OF M L' CA B	(Ouration) mos ds,
Monu W. Dowlers	(Signed) A Lawas, M. D.
11 BIRTHPLACE OF FATHER (State or country)	My 4 or, 1914 (Address) Madditnow My
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STATES OF THE STATE
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  THOMAS	TAB, SCICIDAL, OI HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Morey and	At place In the ot death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Where was disease contracted,
(Interment) Edith M. Bowler	If not at place ot death?
on all med	usual residence
(Address) Middle our, Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 7 14 000	Mil altown, my nowsto, 1914
Filed ANY TO 1914 Sh G. Xaman	29 UNDERTAKER ADDRESS
REGISTRAR L	John Hyeller, Middletown
II more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and eonsequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



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#### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred in -Ward) a hospital or institution. give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Year) ORDIVONCED (Write the word) I HEREBY CERTIFY, That I sttended deceased from 17 6 DATE OF BIRTH alive on ..... (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. OR ..... 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment lo which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER (Signed) ., 1914... 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. ... State ..... yrs. \_\_\_\_ mos. Where was disease contracted. OF MY/KNOWLEDGE If not at place of death?. usual residence. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report



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If more blanks are needed, address State Regis

REGISTRAR

11486

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 15

.St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

16 DATE OF DEATH			. 191_
***************************************	(Month)	(Day	(Year)
17 I HERE	BY CERTIFY, That	t I attended de	ceased from
NOV. 27	191 4, to 1	100.3	0 , 191 .
that I last saw h. //m	alive on	01-30	) , 191 4
and that death occurred	d on the date atate	ed above, at	6 P.
The CAUSE OF DEATH	waa as follows:	Alrofs	ly this
Contributory	(Duration)	× yrs. x.	mos 3 d
Secondary  (Signed)	(Doration)	nich.	mos 3 d
*State the Disease Causes, state (1) M TAL, SUICIDAL, or HOT		or, in deaths f and (2) whet	rom Violenther Accide
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of deathyrs,m Where was disease contracted	In the os ds. State	s, Institutions	, TRANSIENT
It not at place of death? Former or usual residence	***************************************		***************************************
Pace of Burial	JOI. 71.0	DATE OF	BUBIAL 20 17, 1914
20 UNDERTAKER		ADDRESS	

[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," cte., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no oeeupation whatever, write None. been changed or given up on aecount of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vromia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be aseertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras theuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 8 1914

PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT Exact classified. D properly pe UNFADING may certificate. of WITH back 0 piain See Instructions Information DEATH 50 Item E OF mportant. Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No ... Ilt death occurred in -----Ward) a hospital or lostitution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, DATE OF DEATH 4 COLOR OR RACE MARRIED. widowed, ordivorced (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE , 191.54: (Address) OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT 13 BIRTHPLACE OF MOTHER (State or country)

OR RECENT RESIDENTS)	
At place	In the
of death yrs mos ds.	State yrs, mos d
Where was disease contracted.	

If not at place of death?

usual residence

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the bisease who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. As examples: essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, (2)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); "Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 13 UNFADING INK-THIS WRITE PLAINLY, WITH

11428	
Gount PLACE OF DEATH  Gount Count CK	STATE OF MARYLAND CERTIFICATE OF DEATH
500 X	Registration Dist. No.
VIII DES OF CITY MOULE WILL NO.	St.; Ward) [If death occurred in
FULL NAME Gra 16, 1812	a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Rale Golor or race Single, Married, Wiowed, ORDIVORCED (Write the word)	Month) (Day (Year)
6 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
Gent Know 1889	1917, to 0, 1917,
(Month) (Day (Year)	that I last saw handalive on 191
7 AGE  1 LESS than 1 day. Ars. OR. min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Langanger Interentoser
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 1 mos 5 ds.
9 BIRTHPLACE (State or country) Virginia	Secondary Secondary
10 NAME OF Thelip Brown	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State - Sountry) Organica  12 MAIDEN NAME OF MOTHER	*State the DISPASE CAUSING DEATH OF in deaths from Wayne
12 MAIDEN NAME Sarah Thomas	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State On Country) Virginia	or Recent Residents)  At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) - HM & Do so in 11 911 Seed	Former or New Lovedon Fredk Co. Test
(Address) A Court Moc 15	Monteview north 1914
Filed	20 UNDERTAKER ( ADDRESS ) PRICE . Frederich mit

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the essary to know (a) the kind of work and also (b) cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman."

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberenlessis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacinus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. is icss definite; avoid use of "Tumor" for malig-Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhaustion," Never report For vio-



N. B.—Every item of information abould be carefully supplied. AGE should be stated EXACTLY. PHYSICHANS should state CAUSE OF DEATH in plain terms, so that it may be properly cleasified. Exact statement of OCCUPARION is very important. See instructions on back of certificate. RECORD

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	ACE OF DE		· Wh	15	11
Gounty	Maen	UC,	M.		
MIII. 4	Sian	A west	113		

#### STATE OF MARYLAND CERTIFICATE OF DEATH

		Registered No.
٧	*PULL NAME Margurete Car	St; Ward)  [if death occorred a hospitation lossitute give its NAME loss of etreet and aumber.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5 J	Wale What (Write the word)	(Month) (Day) (Yesr)  I HEREBY CERTIFY. That I attended deceased from
8 0	ATE OF BIRTH  O.C. 4  (Month) (Day) (Year)	Octo: 4 1914, ta Non. 7 1912 that I last asw here alive on Oct. (2 1919
TA	ge If LESS than 1 day,	and that death occurred on the data stated above, at 3 14. The GAUSE OF DEATH* was as follows:
(b) bus wh	Trade, profession, or ricular kind of work	Contributory Premature Cush (Secondary)
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs, mos, de. State yrs, mos, de.
	Interment) Come Michae	If not at place of death?  Former or  soal residence
1 6 F)	(Address). Ohuby she of Lian 7, 1914 Telyl Ponting REGISTRAN	20 UNDERTAKER  ADDRESS  ALL  BLOCK  APPLICATION  APPLICAT
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1/



[Approved by U. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing disease, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genltai," "Senite," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronio oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mails: Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) Examples: FOT VIO



V. S. No. 1.

PLACE OF DEATH -Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. County Frederics RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Z. W.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 131

Vill	age or City rederich (No. 14, ) 2FULL NAME Jacob Cars.	Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male white Single, Married Wilder Wilder (Write the word)	16 DATE OF DEATH MV 6 ,191 X (Month) (Day (Year)
7 A	(Month) (Day (Year)	that I last saw h was allve on the date stated above, at Trim, The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	CCUPATION () Trade, profession, or ricular kind of work  General nature of industry, iness, or establishment in the employed (or employer)  IRTHPLACE (State or country)  Whenover	36 hrs 1 (Buration) yrs mos ds.  Contributory Lyphoced Tensor Secondary Secondary (Buration) 2 yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
α.	13 BIRTHPLACE OF MOTHER (State or country) Unknown	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
(Informant) (Informant)		it not at place of death?————————————————————————————————————
15 Fil	ed p Now, 1914 In J. M. Santy Registran	19 PLACE OF BURIAL OR REMOVAL  Browserick May NOY 8,, 1914  20 UNDERTAKER  ADDRESS  KU Obsudsifes Frederich
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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D. Handley STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH OCCUPATION IS Registration Dist. No. Ilf death occurred in ....Ward) RECORD a hospital or Institution, give its NAME insfead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) (Month) (Day ZOZ I HEREBY CERTIFY. That I attended deceased from 0 (Month) (Year) 7 AGE If LESS fhan and that death occurred on the date stated above, at cla 1 day, ..... hrs. The CAUSE OF DEATH \* was OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OF MOTHER (State or country) OR RECENT RESIDENTS) Af place DEATH of death ..... yrs. ..... mos. ... \_ ds. State ..... yrs, \_\_\_\_ mos. ... Where was disease confracted. 14 THE ABOVE IS TRUE TO If not af place of death? Former or OF usual residence. mportant Every It DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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(Year)

If LESS than

1 day hrs.

REGISTRAR

If more blanks are needed, address State Regis

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 137

St.;---Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL	CERTIFI	CATE OF	DEATH	
DATE OF DEATH	no	ν,	5,	, 191.5
		th)	(Day	(Year)
			attended d	eceased fro
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that I last saw h a	live on	14V	9,	, 191
and that death occurred	on the dat	e stated	bove, at	9:039
The CAUSE OF DEATH*				
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Contributory	wan	suo	<u></u>	
Secondary				
	(Dur	atlon)	yrs	.mos
(Signed) W. ) town	and y	ration)	yrs	.mos
(Signed) W. Hown	Dur (Dur	eation)	yrs	.mos
(Signed) W. I town				
*State the Disease (Causes, state (1) Meatal, Suicidal, or Homi	CAUSING DANS OF IN.	EATH, or, JURY; and	in deaths i	rom Violen her Accide
*State the Disease (Causes, state (1) Meatal, Suicidal, or Homial Conference of Residents)	CAUSING DANS OF IN.	EATH, Or, JURY; and	in deaths i	rom Violen her Accide
*State the Disease (Causes, state (1) Meatal, Suicidal, or Homial Conference of Recent Residents)	CAUSING DANS OF INSICIDAL.	EATH, Or, JURY; and	in deaths in (2) whet	from VIOLEMAN ACCIDE
*State the Disease C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI 18 LENGTH OF RESIDENTS) At place of deathyrs. 3_ mos	CAUSING DEANS OF INCIDAL.  CE (FOR HE)  28 ds.	OSPITALS, I	in deaths in (2) whet	from VIOLEMAN ACCIDE
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STATE OF MARYLAND PLACE OF DEATH state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No ... Ilt death occurred to St:----Ward) a hospital or Institution, RECORD give its NAME instead of street and oumber. 7 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statement PERMANENT 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav) Write the word) BINDIN I HEREBY CERTIFY, That I attended deceased from Exact tated 6 DATE OF BIRTH classified. (Year) 4 (Day) It LESS than and that death occurred on the date stated above, a 1 day,.....hrs. OR ..... ? roperly 8 OCCUPATION ш (a) Frade, protession, or particular kind of work. (b) General nature of Industry, ed. pe business, or establishment in DING suppli may which employed (or employer) ----Contributory certificate. State or country) (Secondary carefully that C 10 NAME OF Q FATHER 50 ARGIN 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place in the OF MOTHER (State or country DEATH ot death \_\_\_\_ yrs. .... mos. .... ds. State ...... yrs, \_\_\_\_ mos. ..... ds. Where was disease contracted. It not at place of death?. See Jo Former or 0 usual residence..... mportant. Every Ite 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Censns and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREALTS BUREALT V.S.

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injury, as fracture of skull, and eonsequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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Co	PLACE OF DEATH 11496	STATE OF MARYLAND CERTIFICATE OF DEATH
V	Frederick 129	M. Church as 181 (It death occurred in
V 111	age or City (No. 2), .	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S!	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVDRCED (Write the word)	16 DATE OF DEATH NOV. // (Month) (Day (Year)
6 D/	TE OF BIRTH Rob 29 . GILL	Nov. 7, 1914, to Nov. 11, 1914,
	(Month) (Day (Year)	that I last saw h. mi. alive on Nov. 10 1914
7 A C	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10 P. m.  The CAUSE OF DEATH* was as follows:
(b) busi	Trade, protession, or icular kind of work	(Duration) A. yrs. × mos. 5 ds.
9 BI	State or country)  M  10 NAME OF	Secondary  (Duration) × yrsg × mos. 2 ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed) , 191 4. (Address) Areal. Ind.  *State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER May & Degrange	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPARE
	13 BIRTHPLACE OF MOTHER (State or country)  With	At place In the ot death yrs, mos ds. State yrs, mos ds
	nformant)	Where was disease contracted, If not at place ot death? Former or usual residence
15	(Address) Gredende Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Mr Christ Cem 2007 12, 1814
File	Regrey TAR	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease is always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," childbirth or misearriage as "Puerperal septichaeete,, when a defiuite discase can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," cte.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anacmia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of etc. State cause for For vio-



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#### Very of OCCUPATION IS County-Village or City statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE WIOOWEO, lokiti (Write the word) 6 DATE OF BIRTH 28 Month' (Day (Year) 7 AGE If LESS than 1 day .....hrs. properly BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in 20 which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ō back PARENTS BIRTHPLACE OF FATHER (State or country) See Instructions on 12 MAIDEN NAME OF MOTHER DEATH In plain 13 BIRTHPLACE OF MOTHER (State or country) WLEDGE Important. (Address).

REGISTRAP

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred in

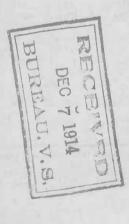
o yan	St.;Ward)	a hospital or Institution, give its NAME Instead ot street and number.]
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16 DATE OF DEATH	(Month)	29 t , 191 A (Year)
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that I last saw h. 4/m ally	e on Nov.	29 ,191 1
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***************************************	Chout (Duration)	Hear mos ds.
Contributory Secondary (Signed)	(Doration)	
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*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMICE	USING DEATH, OF, S OF INJURY; and	in deaths from VIOLENT (2) whether Acciden-
18 LENGTH OF RESIDENC OR RECENT RESIDENCE At place ot death	E (FOR HOSPITALS, I	
19 PLACE OF BURIAL OR	REMOVAL	DATE OF BURIAL
mr Olivie	Cemetery	Dea 1 1914
20 UNDERTAKER		ADDRESS
Those	Ries	the au m

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as: At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return ""Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras genital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," mere symptoms or terminal conditions, such as "As-Bronchopncumonia ample: Measles (disease causing death), 29 ds.; affection ueed not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. "Convulsions," "Debility" ("Con-"Exhaustion," Never report For vio-



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#### 11498 PLACE OF DEATH County It rederich \* FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wisowed, ORDIVORCED Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ...... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE on back PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.:---Ward)

If death occurred to a hospital or institution. give its NAME lostead of street and number. 7

MEDICAL GERTIFICATE	
18 DATE OF DEATH Stall	, 191
(1201(11)	(Day) (Icar)
17 I HEREBY CERTIFY, That	I attended deceased from
191, to	, 191
that I last saw halive on	,191
and that death occurred on the date state The CAUSE OF DEATH* was as follows:	d above, atr
(Doration)	yrsmosd
Contributory(Secondary)	**************************************
(Deration)	yrsmosd:
(Signed) Marion a. B	uil . N. O
(Signed) March (Address) The	mont me
*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, OR HOMICIDAL.	in deaths from Viorenm
18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	
At place In the of death yrs mos ds. State	
Where was disease contracted, If not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Jurmout. Md	1100,20,191.4

undertaker

ADDRESS

No. 1.

20 UNDERTAKER

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unqualified, is indefinite); Tubercubois of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronical zer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy." (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion," Never report Examples: For VIO-



STATE OF MARYLAND

Association.]

applies to each aud every persou, irrespective of age. tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

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(b) bus whi	rticular kind of work  General nature of industry, ilness, or establishmenf in ich employed (or employer)  IRTHPLACE (State or country)
_	Mary
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	13 BIRTHPLACE OF MOTHER (State or country)
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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;	Ward)
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[If death occurred in a hospital or institution. give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 s	EX COLOR OR RACE SINGLE, MARRIED. Married WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH NOY. 25 , 1914 (Month) (Day (Year)
6 D	ATE OF, BIRTH  April	17 I HEREBY CERTIFY, That I attended deceased from Left. 13 1913, to Nov. 24, 1914, that I last saw har allye on Nov. 24, 1914
TA		and that death occurred on the date stated above, at // 9:m. The CAUSE OF DEATH* was as follows:
(a	OCCUPATION ) Trade, profession, or Housewife.	(Anotobey Tubereulan) with adherous.
bus	Seneral nature of industry, iness, or establishmenf in ich employed (or employer)	(Duration) / yrs. 2 mos. ds.
9 8	(State or country) Haryland	Secondary Myocardial rusufficiency  (Doraflon)yrs /O_mosds.
Ī	10 NAME OF John Gayfor	(Signed) an Ea Bowles, M. D.
ENTS	of FATHER (State or country) Masyland	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PAR	of Mother Sarah Minbiger	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTED IN THE PROPERTY OF THE PROPERTY O
	13 BIRTHPLACE OF MOTHER (State or country)  Manufaut.	Af place . In the of death yrs, mos ds. State yrs, mos ds
	(Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usoal residence
15	(Address). Madletoro7 Ill.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FI	80 Mr 27th, 1914 G. G. Lawas	20 UNDERTAKER ADDRESS Widd toroit
	If more blanks are needed, address State Regist	rar & E. Franklin St. Balto Population X C N

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perifonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; State cause for Never report For vio-

#### BINDING 00 1 RESERVED MARGIN

No

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state YSICIANS should OCCUPATION IS PHYSICIANS RECORD of statement PERMANENT EXACTLY. stated classifled. 4 pe IS pinous INK-THIS properly AGE supplied. pe UNFADING may that it mi 80 0 WITH DEATH in plain terms, see instructions on back pinous PLAINLY Information WRITE See o 10 Every Item CAUSE OF Important.

Very

County

5 SINGLE,

MARRIED, WIDOWED.

ORDIVERCED (Write the word)

(Day)

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If LESS

t day ....

REGISTRA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

2 FULL NAME

6 DATE OF BIRTH

BOCCUPATION

(a) Frade, protession, or

particular kind of work (b) General nature of industry,

9 BIRTHPLACE (State or country

10 NAME OF FATHER 4

11 BIRTHPLACE

OF FATHER (State or country

12 MAIDEN NAME

OF MOTHER (State or country

(Address'

OF MOTHER

business, or establishment In

which employed (or employer)

7 AGE

PARENTS

15

#### STATE OF MARYLAND CERTIFICATE OF DEATH

00000	Registration D	Dist. No. 153
Y E	- Freshou	Fit death occurred in
	MEDICAL CERTIFICATE	OF DEATH
,	16 DATE OF DEATH (Month)	(Day) (Year)
		I attended deceased from
14	100 fest, 191.4, to	JUI / 191/4
ar)	that I last saw h alive on	, 1914
thanhrs.	and that death occurred on the date state	d above, at J. A. m,
0. ?	The CAUSE OF DEATH* was as follows:	
	Still - B	ow
	(Duration)	yrsds.
	Contributory(Secondary)	
_	(Signed) (Quration) (Signed) (Address) (Address)	yrs mos ds.  1417 M.D.  Pleasant
d.	*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL.	, in deaths from VioLent ad (2) whether Acciden-
181	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place  In the	
-	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted, If oot at place of death?  Former or usual residence.	
0		
A.C.	Horastas	DATE OF BURIAL
	20 UNDERTAKER	ADDRESS
R		

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlossis of lungs, meninges, peritonaeum, etc.. Carcinlossis of lungs, meninges, peritonaeum, etc..

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Examples: For vio-



Village or City Liberty Towns.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3  [If death occurred la a hospital or institution, give its NAME instead
*FULL NAME Schard D.	Sallagher of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Saingle, MARINE, Single Wildowso, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw harman alive on 2000 2 2 1915
7 AGE If LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry.	
business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	Gontributory Danalysia (Secondary)
on It DIPTURIACE Chard Gallagher	(Signed) Draw (Address) Libertytown Mich. D. State the Draw (Address) Libertytown Mid.
of MOTHER Mary Congland	*State the DISEASE CAUSING DEATH, OF, In Seaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, of Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place lo the of death yrs mos ds. State yrs, mos ds.
Informant) Mrs. O. M. Suradner	Where was disease contracted, If not at place of death?  Former or osual residence
Filed Nov 23, 1914 In S. Curfman REGISTRAR	19 PLAGE OF BURIAL OR REMOVAL  Alverty Lown 700, 25, 1914  20 UNDERTAKER  Sweadner Brost Liberty Lounded
if more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal Groccry; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the nisease causing death—Name, first, the nisease causing death—Name, first, the nisease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc.. Carcinologies

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chronio ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The coutributory "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (secondary or intercurrent) (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD AINLY, WITH UNFADING INK-THIS IS A PERMANENT should be stated EXACTLY. N. B.—Every Item of Information should be carefully supplied. AGE should be st CAUSE OF DEATH In plain terms, so that it may be properly classified. Important. See instructions on back of certificate, WRITE

11503 1 PLACE OF DEATH Frederick

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 153

Ward

[If death occurred lo

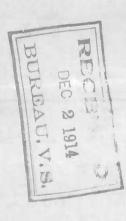
2FULL NAME Frilliam Gar	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH
married, Adourn  Male  Ande  Ande  Ande  Moowed  ORDIVORCED  (Write the word)	18 DATE OF DEATH 19 1914 (Month) (Day (Year)
DATE OF BIRTH  OCT  (Month)  (Day  (Year)	that I last saw h maily on Nov 18th 1914
7 AGE  8	and that death occurred on the date stated above, at
BOCCUPATION  (a) Trade, profession, or James Labores  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 6 yrs - mos ds.
9 BIRTHPLACE (State or country) Traderical Co	Secondary (Byratian) yrs mos ds.
10 NAME OF FATHER David Garvin  11 BIRTHPLACE OF FATHER (State or country) Indexict Cs  12 Maiden NAME of OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Inderce K	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs,mosds  Where was disease contracted,
(Informant) Scoh Farorn	If not at place of death? Former or usual residence
(Address) Hallers ville, Miles 16 Filed Desn Z1, 1914 9 4 Witten	19 PLACE OF BURIAL OR REMOVAL  Liniou Chakel  20 UNDERTAKER  Pulman & Borbon  Tallyson II.
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



N. B.

11504	Was about
PLACE OF DEATH	STATE OF MARYLAND
Frequick &	CERTIFICATE OF DEATH
County Trequest	Registered No. 148
Village or City Mean Asia will (No	St; Ward) [If death occurred in a hospital or institution,
0	give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pale White (Write the word)	16 DATE OF DEATH 7 (Month) (Day) , 1914 (Year)
	17 I HEREBY CERTIFY, That I sttended deceased from
8 DATE OF BIRTH	Clotter 3 9 , 1914 to State 11/11 1914,
(Month) (Day) (Year)	that I fast saw h sam alive on Morambia the 1914
7 AGE If LESS than	and that death occurred on the date stated above, at
7 yrs. 0 mos. 4 ds. 0Rmin.?	The CAUSE OF DEATH* was as follows:
B OCCUPATION	A death of the territory of the second of th
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmos8 ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER Slavid Glask	(Signed) Mertan S. Pearre, M.D.
11 BIRTHPLACE	Mar. S., 1914 (Address) Uniamile ma
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME Storton	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  Many Land	At place to fee to fee of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracfod, If not at place of death?
(Informant) D. Baymond States	Former or usual residence.
(Address) Muviwella nid	Translinville Shurch More 5, 1914
Filed Nor 3', 1914 It Ad St. Peans Local REGISTRAR	70 UNDERTAKER CEMETER APRESSVILLE
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has mine, etc. statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of .. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can-"Exhaustion," Examples: For vio-



#### RESERVED FOR BINDING MARGIN

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.-

Village or City  Village or City  Village OF DEATH 115(15)  Village OF City  Village OF Cit	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of preet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH  4 COLOR OR RACE  5 SINGLE,  MARRIED,  WIDOWED,  WIDOWED,  OR DIVORCED  OR DIVOR	16 DATE OF DEATH  (Month) (Day (Year))  17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, 191, 191
(Month) (Day (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State Country)	Gontributory Secondary  (Duration)  yrs. mos. ds.
OF ATHER ME TO MATERIAL STATES OF ATHER OF MOTHER OTHER OF MOTHER OF MOTHER OTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) A TOTAL OF THE SECTION OF THE SECT	ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence
Filed NOV 5 , 1914 Bhas & Chansus, REGISTRAR	Beary Dan Mor 2 1914  20 UNDERTAKER Fathe and ADDRESS  Senton Same Bolina Union Briche

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

H.n.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not wino receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a). Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indl-Women at home, who are engaged in the · Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples: (4)

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Meastes; Whooping cough; Chronie mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



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No. oż 15

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No near Bartholows lif death occurred is .....Ward) a hospital or institution, give its NAME Instead Bertin L. Draines of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased DATE OF BIRTH (Month (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. The CAUSE OF DEATH\* was as lollows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment to which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI 13 BIRTHPLACE State or country)

OR RECENT RESIDENTS)			, , , , , , , , , , , , , , , , , , , ,
At place	in the		
of death yrs mos ds	s. State	yrs.	mos
Where wes disease contracted,			
If not at place of death?			

Former or

BURIAL OR REMOVAL

DATE OF BURIAL

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise spectit should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the

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childbirth or misearriage as "Puerperal scptichacoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State canse for cte., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conthenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



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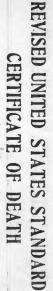
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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Tredeville Registered No [if death occurred in a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 12 1914 to Nor (Day) (Year) (Month) 7 AGE if LESS than and that death occurred on the date stated above, at 11-30 1 day, .....hrs. OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory C <sup>9</sup>BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs, ..... mos, ..... ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death? usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—In all extends with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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1 PLACE OF DEATH

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TO THE BEST OF

County trederick

11508	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 139
ruan Hard	St.; Ward) [It death occurred in a hospital or institution, give its NAME Instead of street and number.]
TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5 SINGLE, MARRIED, WIDDWED, ORDIVERCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from the strength of th
(Day (Year)  (Day (Year)  (If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 10:10 P. r. The CAUSE OF DEATH* was as follows:

17 I HEREBY CERTIFY, That	l attended deceased from
Jame 15, 1914, to m	V. 18, 1914,
that I last saw h win allve on nov.	
and that death occurred on the date stated	above, at 10:10 Pm,
The CAUSE OF DEATH* was as lollows:	
Pulmany & Fa	yngul
(Duration)	/yrsmosds.
Contributory Eschaustian Secondary	9
(Duration)	yrsds.
(Signed) W. Howard year	ger M.D.
nov. 18, 1914 (Address) Stold	
*State the Disease Causing Death, of Causes, state (1) Means of Injury; a tal, Suicidal, or Homicidal.	r, in deaths from VIOLENT nd (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	, INSTITUTIONS, TRANSIENTS,
At place of death yrs. 4 mos. 3 ds. State.	Sefe.
Where was disease contracted, Culcuon If not at place of death?	
Former or 129 M. of ayer	the M. Ballo, hy.
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS
M. S. Creoge	Thurmond, Inst.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltof, Requesting V. S. No. 1,

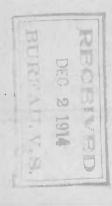
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[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Nevcr return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman," The

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .....Ward) a hospital or institution, give its NAME instead of street and nombar. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIOOWEO, (Month) (Day (Year) ORDIVORCEO (Write the word) That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. was as follows: OR ..... 7 BOCCUPATION (a) Trada, profession, of particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191..... (Address) ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_ Stata \_\_\_\_ yrs.\_\_ yrs. \_ ds. Where was disease confracted. 14 THE ABOVE IS TRUE TO if nof at place of death?-Former or usuai rasidence ACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers (a) Spinner, gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: IENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County Project 18	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 141
Village or City Transer Ch. (No	St.; Ward)  [It death occurred le a hospital or institution, give its NAME instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Clark Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH May unknown, 1914	, 191, to, 191,
7 AGE Cafonth (Day) (Year)  11 LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishmeot in which employed (or employer)  BIRTHPLACE (State or country)	Seould see (Duration) avide of the Constitution of the Constitutio
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds.
(Informant)	Where was disease contracted, it not at place of dealh?  Former or usual residence.
(Address) Burnswuk M.S.  Filed DEC / 1914 Varm West	19 PLACE OF BURIAL OR REMOVAL)  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  MARION PROPERTY MARION M
(I) if more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PURRERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5 1914
BUKEAU, V.S.

No.

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SICIANS should PHYSICIANS RECORD PERMANENT EXACTLY. classified. pe properly supplied. pe UNFADING may that 80 0 back terms, should piain instructions 2 0 Item 10 Every item CAUSE OF important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH traduct Registration Dist. No. Ilt death occurred in (No ... -Ward) a hospital or lostitution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE S SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_\_ yrs, \_\_\_ ds. Where was disease contracted. THE ABOVE IS JRUE it not at place of death? Former or (Informant) usual residence OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Pubbperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of "Exhaustion," For VIO-



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PLACE OF DEATH	1	STATE OF MARY	5 M
County Trellene	10 / June	CERTIFICATE OF	DEATH
(na)		Registration Dist.	No.
Village or City Mule	Chitrory No.	St.;——Ward)	[If death occurred in a hospital or institution,
FULL NAME	Face R.B.	Hoober	give its NAME Instead of street and number.]
PERSONAL AND STATE	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
female while	ACE SINGLE, MARRIED, WHOWED, ORSHVORGE (Write the word)	16 DATE OF DEATH Nov. (Month)  17 I HEREBY CERTIFY, That I a	, 1914, (Day (Year)
B DATE OF BIRTH	13 ,1914	that I last saw here alive on NOV	2 191.44.
7 AGE	nth) (Day (Year)  If LESS than 1 day,hrs.	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows:	bove, at 6390 m.
a) Trade, profession, or particular kind of work		Congenital malfon	ssation.
(b) General nature of Industry, business, or establishment in which employed (or employer)	<del></del>		yrs 3 mos + ds.
State or country) Maco	deletown Md	Secondary	yrsds.
10 NAME OF PATHER OWNER	Hooker	(Signed) R. V. Hauver	, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	y Essville Mo	Nov. 3 1914 (Address) Madd	
OF MOTHER	1 21/13	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	eddlelow Mi	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)  At place In the of deathyrsmosds. State	STITUTIONS, TRANSIENTS,
(Informant) Para (Informant)	BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.	
(Address)	lelow shilld.	Midalitor or CMd	ATE OF BURIAL
Filed 2400 3 1, 191.	i ( damos	20 UNDERTAKER SOLULI- 7	ADDRESS ,
If more blan	ks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. N	o.t. Tra

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for "Exhaustion," For vio-

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DEC 5 1914
BUREAU, V.S.

Very PHYSICIANS should of OCCUPATION IS PERMANENT properly INK pe UNFADING suppl may certificat 20 50 WITH back plai EATH 00 POF Every Iter CAUSE O important

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred in a hospital or Institution, give its NAME instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED Harried WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 45 7m. 1 day hrs. The CAUSE OF DEATH\* was as follows: .mos .... OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work 2000 (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE . 1914 (Address) the devel PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SOLIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death ..... yrs. .... mos. ... \_ ds. State \_\_\_\_\_ yrs. \_\_\_

Where was disease contracted. If not at place of death?

Former or usual residence

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO REGISTRAN

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

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1 PLACE OF DEATH	
County Frederick	
	Section 1987
Village or City Atale Land	Loughou,

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

Robert B. Jenkins

'FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White Single,  Whate Single,  MARRIED,  Widowed,  ORDIVORCED  (Write the word)	16 DATE OF DEATH 200. 25, 1914 (Month) (Day (Year)
S DATE OF BIRTH  (Month) (Dat (Year)	HEREBY CERTIFY. That I attended deceased from 24, 1914, to 2007. 25, 1914, that I last saw have alive on 24, 191
7 AGE  56 yrs 3 mos 8 ds 1 LESS than 1 dayhrs.  ORmin.?	and that death occurred on the date stated above, at #1289.m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.  Clouttreean	Pulmonary Inberculosis
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Edhustion, yrs. // mos. ds.
OF TATHER Robert Jenkins.  11 BIRTHPLACE OF FATHER (State or country) England.  (State or country) England.	(Signed) W. Howard Hages, M. D.  Nov. 25, 1914. (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Waryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the State mos, ds  Where was disease contracted and the state mos, ds
(Interment) It. Hardier, (Address) Alate Janalone Md.	it not at place of death?  Former or usual residence 1/06 Homewood ave, Balls, Mul,  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Decol., 1914, 6. A. Stein REGISTRAR	20 UNDERTAKER  M. S. Cleoger. Thurseast, M.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

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CAUSE OF I

N. B.

PLACE OF DEATH  Ounty Frederick  Village or City Middlelow (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /32  St.; Ward)  St.; Ward)  [if death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Olored Single, MARRIED, MARRIED, WIDOWED, ODIVORGE (Write the word)  Odoted (Write the word)  (Month) (Day (Year)	16 DATE OF DEATH Nor. /0 ,1914  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from ,191, to ,191, that I last saw h alive on ,191
TAGE  If LESS than 1 day,hrs. ORmin.?  COCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 12 M m. The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) Marifiand	Gontributory Secondary
11 BIRTHPLACE OF FATHER MOUNTERS & Changers  2 (State or country) Manylorud  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) & Powlus , M. D.  Nov. 12 , 1914. (Address) Middlitary , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Address) Middle Lower Mills	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOV 2 1914
Filed Nov 13th 1914 ( ) Ch Lawax	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) The contributory (secondary or intercurrent)



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Ounty Federal (No. 2)  2)  PLAGE OF DEATH 11516  (No. 2)  Pull NAME Butha	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 3/  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
husle White Single, Married on Divorced (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  [HEREBY CERTIFY, That   attended deceased from
DATE OF BIRTH  March  (Month) (Day (Year)	that I last saw her alive on Nov. 17 1914,
AGE 45 8   It LESS than 1 day,hrs.   ORmin.?	and that death occurred on the date stated above, at 10 30 m.  The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	Diabetes Melletus
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) WA all Pa	Contributory Secondary (Ouration) 2 yrs. mos. ds.
10 NAME OF FATHER UNKNOWN	(Signed) 6. S. Brooks, M. D.
(State or country) Monown.  12 MAIDEN NAME OF MOTHER Sise Ducket	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State / 1 yrs mos ds
(Informant) THE BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death?  Former or usual residence Mount allo Pa
(Address) tudina ma,	Montalto Pa, Date of Burial Mov. 19, 1914
Filed 8 Nov 1914 Com J. M. G. March 1914 Construction of the M	6. E. Clien Reduced by S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig: oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head of "Convulsions," "Debility" ("Con-(secondary or intercurrent) Never report



Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No... Ilf death occurred in a hospital or Institution. RECORD give its NAME Instead of street and number.] En linale statement MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 18 DATE OF DEATH S-SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, QUIONIB (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Un innoun (Month) (Day (Year) 7 AGE pino if LESS than and that death occurred on the date stated above, at FOR 1 day .....hrs. OR ..... min. ? properly SOCCUPATION (a) Trade, profession, or ESERVED INK particular kind of work supplied. pe (b) General nature of industry, business, or establishment in may which employed (or employer) ..... certificate. Contributory 9 BIRTHPLACE (State or country) Secondary that 10 NAME OF FATHER (Signed) 80 0 back PARENTS terms, (Address). BIRTHPLACE should OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 50 12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) 2 At place in the DEATH of death State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_\_ \_\_\_\_ yrs. ... ... mos. \_ ds. WRITE Where was disease contracted. 14 THE ABOVE IB BEST OF if not at place of death? 0 Former or POF Item Every item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) .... 15 20 UNDERTAKER ADDRESS 02 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tnmor" for malig-Bronehopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing "Senile," etc.), "Dropsy," death), 29 ds.; "Exhanstion," For VIO-



V. S. No. 1.

1 PLACE OF DEATH	115	18	affet Mante Buston Til	N. cooper.
County Fredericks		1.1	5	-35
Village or City Fredere	ch	(No/C	6 6	. 0

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

South St. 2 Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME onfaus	mill	04001100
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 s	ex 4 color or race   6 single, Lengte   Married, Widowed, or	16 DATE OF DEATH (Month)	(Day (Year)
6 D	Nov   2   1914 (Month) (Day (Year)	1	1 attended decessed from 12, 191 4
TA	GE   11 LESS than 1 day, Q hrs.	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	
(a	CCUPATION ) Trade, profession, or ricular kind of work	Premature bir	
bu	) General nature of Industry, siness, or establishment in ich employed (or employer)	7)	y yrs mos y ds
9 B	(State or country)  Manuland	Contributory remalure Secondary	
	10 NAME OF FATHER Jovin Co. Homill	(Signed) M. Ame	yrs (mos y ds
11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER Manue Mo. Ftoole		*State the DISEASE CAUSING DEATH, of	or, In deaths from Violenz
		CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITAL	
	13 BIRTHPLACE OF MOTHER (State or country) Masyland	At place in the of death yrs mos ds. State	yrs, ds
14 -	(informant) Doving 6, Howell	Where was disease contracted, If not at place of death?————————————————————————————————————	
16	(Address) 106. E. South St.	19 PLACE OF BURIAL OR REMOVAL	Nov 12, 1914
	10019 Mary 1001/10-29 miles	20 UNDERTAKER	ADDRESS

BEGISTRAN

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Or, W. M. Smith
DEC 7 1914

BURDAU, V.S.

1 PLACE OF DEATH

BINDING

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MARGIN

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Groeery; (a) Foreman, (b) Automobile factory. The essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as been changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	om of information should be carefully supplied. AGE should be stated EXACTLY. OF DEATH in plain terms, so that it may be properly classified. Exact statement t. See instructions on back of certificate.
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No. 1/2 PARENTS

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PHYSICIANS should of OCCUPATION IS

3 SEX

7 AGE

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work...

(b) Generat nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

14 THE ABOVE IS

(Address) .-

11 BIRTHPLACE OF FATHER (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

12 MAIDEN NAME OF MOTHER

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Village or City Atall Sandonypo.	Regis
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE

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3

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4 COLOR OR RACE

which employed (or employer) -----

(Month)

### OF MARYLAND CATE OF DEATH

stration Dist. No.....

.St.;Ward)	[It death occurred land a hospital or institution		
	give its NAME Instea		
	of street and number.		

MEDICAL	CERTIFICATE	OF DEATH	
18 DATE OF DEATH	nov.	28	1016
***************************************	(Month)		(Year)
17 I HEREBY		I attended decea	, , ,
June 6 ,1	014 10 MM	v. 28	1914
//	-	~ ~	46.
that I last saw h Man al			., 191
and that death occurred	on the date state	d above, at Til	5a, m.
The CAUSE OF DEATH*			
(a) 1	N	4	
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IM			*************
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16 LENGTH OF RESIDEN			
OR RECENT RESIDENTS)			
At place of death yrs. 5 mos.	22 in the	Z vrs mos	de
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19 PLACE OF BURIAL OF	(/	DATE OF BUR	
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20 UNDERTAKER		ADDRESS	
M. S. Cua	11/1	/humanos	red

If more blanks are needed, addr

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments. It is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as datles of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere"; brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, oma, Sareoma, etc., of..... (name origin; "Cauthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Deblity" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



S. No. 1.

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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH CAUSE OF Important. 1

PLACE OF DEATH 11521 Sounty Frederick

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

St .: Ward)

fit death occurred in a hospital or Institution. give its NAME instead of street and number.]

-roll name	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
Month) (Day (Year)	HEREBY CERTIFY. That I attended deceased from  Aug. 2 1914 to Nov. 3, 1914  that I last saw hemalive on Nov. 2, 1914
7 AGE  11 LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 4,40 A, m The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.	Pulmonary Inherculosis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 4 mos. da
9 BIRTHPLACE (State or country) Wayland	Secondary (Duration)
11 BIRTHPLACE P. Sittle	(Signed) M. Howard pager , M. D. Drov, 3, 191 4 (Address) Plate Danslovin mo
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MAN & ATT	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL,
13 BIRTHPLACE OF MOTHER (State or country) Wangland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place of death yrs. 3 mos. ds. State yrs. 6 mos. ds
(Interment) W. W. Sandul	Where was disease contracted, and work it not at place of death?  Former or usual residence 18 John Ob., Weshimmater. and.
(Address) State Danslorum, md.  15 Filed Dea M., 1914 B. A. Steery, REGISTRAR	19 PLACE OF BUMAL OR REMOVAL  Nestmutte, bud  20 UNDERTAKER  M. S. Clager  Address  Thurnon, ind.
If more blanks are needed, address State Reg	strar, 6 E. Franklin St., Barlo., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pnenmonia," ungnalified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Mcdical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhanstion," "PUERPERAL . septichae-Never report



Village or City Hordenck (No. ).	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  Wish 2nd St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCED Widow (Write the word)	16 DATE OF DEATH  // J J J J J J J J J J J J J J J J J J
S DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h a alive on or or of 1914.
9 / yrs. 7 mos. 3 ds. OR min.?	and that death occurred on the date stated above, at 2-30 4 m.  The CAUSE OF DEATH* was as follows:
SOCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) / yrs mos ds.  Contributory (Secondary)
10 NAME OF FATHER HOLLY Robinson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF ACTION OF	(Signed) (Duration) yrs mos ds.  (Signed) (Address) (Address) (M. D. M. M. D.
of MOTHER Cathernie Survel  13 BIRTHPLACE OF MOTHER (State or country)  Mcl	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Mrs. 2. Bows	Where was disease contracted, if not at place of death?  Former or usual residence
(Address)	20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative Bealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation bas Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—It always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomeuclasuch, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal septichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Senile." etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maraample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .... "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Traemia," "Weakness," \_\_ (name origin; "Can Examples: For vio-



PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Trederick	Registered No. 147
Village or City mer The Airy (No. 1)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
O DATE OF BIRTH    D 29 , 1832  (Month) (Day) (Year)	that I last saw hish alive on Oct 26", 1914
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) Trade, profession, or particular kind of work  (c) Trade, profession, or particular kind of work	Superin Rused by
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory Browelistas (Secondary)
10 NAME OF John Ab Lournan	(Signed) Mexitor & Person, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
of Mother Charles Garrol Con (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of the original of the original orig
(Informant) Lesson Lourson	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Musicon ville Treel	Prospect Cere DATE OF BURIAL  Prospect Cere 11 7 181 4  20 UNDERTAKER ADDRESS !
Filed	Blot Sourcan mit ary me
It more blanks are needed, address State Registra	ur, 6 E. Franklin St., Bsito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

pneumonia"); Lovar pneumonia, is indefinite); Iuberst- ("Pneumonia," unqualified, is indefinite); Iuberst- (Careinbrospinal meningitis"); fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup"); Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid DEC DiphtheriaExamples: Cerebro pingt (avoid like of

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dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of . "Collapse." "Coma," "Convuisions," "Debility" ("Con-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," etc. State cause for (name origin; "Candeath), 29 ds.; Examples:

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

STATE OF MARYLAND LACE OF DEATH state County Trederick CERTIFICATE OF DEATH SUPATION IS Registration Dist. No .... Tif death occurred in St.:....Ward) a hospital or Institution, give its NAME Instead of street and number. I U MISKER MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atated above, at 4. 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) .... Contributory 9 BIRTHPLACE (State or country) (Duration) ..... 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted If not at place of death? BURIAL OR REMOVAL DATE OF BURIAL Every CAUSE Import 15 20 UNDERTAKER ADDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Assuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopucumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH

Free well

11525

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Breneguch (No. 2FULL NAME Margaret Jame	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED, Jundous OR DISVORGED (Write the word).  6 DATE OF BIRTH  MAN 10 1842	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I hereby Certify, That I attended deceased from  (No. 20, 1914, to 21, 1914,
7 AGE (Month) (Day (Year)  7 AGE   If LESS than 1 day,hrs. ORmin,?	that I last saw h 2 alive on 2 ,191 2 and that death occurred on the date stated above, at 1 P m.  The CAUSE OF DEATH* was as follows:
a) Trada, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER JANTHER  (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER OF OF MOTHER	(Signed)  (Signe
of Mother Many Crouse  13 BIRTHPLACE OF MOTHER (State of country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  And O Banker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Address) Dunswick Md  16 Filed 2 7,191 1 REGISTRAR  If more blanks are needed, address State Regist	Harcock Mod Date of Burial Harcock Mod 23, 1914  20 UNDERTAKER ADDRESS  Sumswick Ma

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease eausing death), 29 ds.; affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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See Instructions on back of

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Item PO Every Item CAUSE OF Important.

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may be properly classified.

PERMANENT

WRITE

Village or City & Transwed (No. , )	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or iostitution, give its MAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, wisowed, Or Divorces (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  174  I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	100, 19 191 4 to Nor 13, 1914, that I last saw hum allve on Nov 13, 1914
If LESS than  1 day,hrs.  OR min.?  CORUPATION  (a) Trade, protession, or particular kind of work.  (b) Generat nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country) W WM	Contributory Secondary  (Doration) ys mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	(Signed) , M. D.  *State the DISSASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  W	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted.
(Interment) De True to the Best of My Knowledge  (Interment) De True to the Best of My Knowledge  (Address) Brunswick Ingl.  16  Flied Arr /3, 191 4 Coin Nort	It not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  Harpers Ferry W was Mary 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association. cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-



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1 PLACE OF DEATH

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

The state of the s	Registration Dist.	NO,kbhf
Village or City State Sandon No.	St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead

nstead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or (b) General nature of Industry. business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) FATHER PARENTS 11 BIRTHPLACE (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAURES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS Where was disease contracted, fundament If not at place of death? quith St. Balto nd. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

iApproved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotice engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite safary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia; Bronchopneumonia and ungas, meninges, peritonaeum, etc., Carcin-lesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, x. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart falture," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Strnck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent). Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.

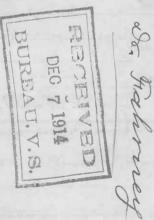
	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 3/  St.; 4 Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, Married WIDOWED, OR DIVORCED OR OVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I hereby certify. That I attended deceased from
8 DATE OF BIRTH	Upor / 1914 to Nov / 7 1914.
TAGE  (Month) (Day (Year)  TAGE  If LESS than 1 day,hrs. ORmin.?	that I last saw here alive on
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Pairthplace (State or country)  Manyland	(Duration) 2 yrs × mos y ds.  Contributory Level Othery Secondary
OF FATHER SA. G. FROY  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Manyland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lais G. Meyers (Address) 301. E. Third St.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence.
Filed 8 nov , 1914 Ina J. M. Grand	Mot Olivet Gem Nov-19, 1914 20 UNDERTAKER  Thomas J. Poice Frederick rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of State cause for



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	HYSICIANS should a occupation is
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1	be carefully so so that It n
White feather, with one selling the contraction of	.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	CAUSE OF D

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. It death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Day) (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH 3 (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at ... 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) yrs. mos. 30 ds. which employed (or employer) ..... Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER . 191 4 (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country) At place In the ot death ...... yrs. ..... mos. ..... ds. State ..... yrs, ..... Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE It not al place of death? Former or usual residence.... DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

LECELARD ACE A SECTION

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.): of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Laborer," If the occupation has As examples For persons "Foreman," 9

Statement of cause of death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childhirth or miscarriage, as "Puraperal septichaecer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondury), 10 ds. ample: Measles (disease causing death), 20 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainmere symptoms or terminal conditions, such as "Asoma. Sarcoma: etc., of ... The contributory (secondary or intercurrent) tetanus) may he stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name orlgin; "Can-State cause for "Exhaustion," Never report Examples: For VIO



Village or City Mean Liberty or (No. St; Ward)  2 FULL NAME Many English Many Control of Street and	1 PLACE OF DEATH	STATE OF MARYLAND
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OF BRACE  MARRIED, Supplements ODATE OF BIRTH  8  13  1880  (Month)  (Day)  (Wear)  TAGE  If LESS than 1 day,hrs. ORmin.?  B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  B IRTHPLACE  (State or country)  PBIRTHPLACE  (State or country)  Manyland  (Signed)  (Signed)  SENT AMEDICAL CERTIFICATE OF DEATH  10 DATE OF DEATH  10 DATE OF DEATH  11 DATE OF DEATH  12 DATE OF DEATH  13 LESS than 1 day,hrs. ORmin.?  Contributory  (Secondary)  (Signed)  10 NAME OF FATHER  (Signed)  11 SENT AMEDICAL CERTIFICATE OF DEATH  12 DATE OF DEATH  13 LESS than 1 day,hrs. ORmin.?  (Month)  (Day)  15 LESS than 1 day,hrs. ORmin.?  (Buration)  (Buration)  16 DATE OF DEATH  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (	Gounty Rederick	CERTIFICATE OF DEATH
SEX  Plevale Winter Senate, Marrieo, Marrieo, Marrieo, Marrieo, Minowero, Ordiverde Compinere Co	Ma ( El: 1 H	St; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
SEX  Plevale Winter Senate, Marrieo, Marrieo, Marrieo, Marrieo, Minowero, Ordiverde Compinere Co	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**State the Dursus Character of the Last and Control of the Last and the Last saw holds and the Last saw holds alive on the Last saw holds alive on the Last saw holds alive on the Last saw holds and that death occurred on the date stated above, at 1/1/2 and that death occurre	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIOWED, WIOWED, WOODWED, WOOD	(Month) (Day) (Year)
Soccupation (a) Trade, profession, or particular kind of work  (b) Generel nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Maryland  10 NAME OF FATHER  OF FA	8 /3 ,1880	16 1914 to WON 4 1914
Soccupation (a) Trade, protession, or particular kind of work (b) Generel nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FA	1 day,hrs	The CAUSE OF DEATH* was as follows:
11 BIRTHPLACE OF FATHER  OF FATHE	(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
CATISMS state (1) MEANS OF INTERY' and (2) whether A	FATHER Codyard Moonan	(Signed) J. Hegg, M. D. M. J.
12 MAIDEN NAME OF MOTHER  OF MOTHER  13 BIRTHPLACE  14 MOTHER  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TAIL OR RECENT RESIDENTS)  At place  In the	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Muss Ella Roada  (Informant) Control of the best of MY KNOWLEDGE  (Informant) I was disease confracted, if not at place of death?  Former or usual residence	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?  Former or usual residence.
(Address) Page as wille Suberty town of Mor 6  Filed Nov. 5, 1914 Open Devel Address  Registran	Filed nov. 5. 1914 Open & Curfueau	Liberty town Md Nov 6, 191 9

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) For persons (2)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-busis of lungs, meninges, peritonaeum, etc.. Carcimbusis

such, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory," Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples: 9



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PLAINLY, WITH

CAUSE OF I

N. B.-

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS abould state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION a very See instructions on back of certificate.

RECORD

PERMANENT

11531	
County Treducti	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44
Village or City Brunteval (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)  3 SEX  4 COLOR OR RACE  MARRIED, MIDOWED, WIDOWED, WIDOWED, WIPOWED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY GERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h samplive on 18 ,191.4
TAGE  If LESS than 1 day,hrs.  ORmin.?  B OCCUPATION (II) Trade, profession, or particular kind of work.  Zabane B + O	and that death occurred on the date stated above, at from, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishmen1 in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	Secondary  (Duration)  (Signed)  (Signed)  (Signed)  (Address)  (Address)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place tn the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Informant) Mis Mary Danners (Address) Dunswick Mos	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Refinancial Mov 20 1914
Filed Nov 19 1914 Love West	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURDAU. V.S.

UNFADING

RECOR

PERMANENT

PHYSICIANS should of OCCUPATION IS classified. pe U properly pe may certificate. 80 of back terms, pinous UO plain instructions \_ DEATH 0 OF Item Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... [If death occurred in -Ward) a hospital or institution, give its NAME Instead of street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY/That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than occurred on the date atated above, at 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE (Address). lane-PARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) -- A 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: The (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhold pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if Impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report



. S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT stated EXACTLY. properly classified. should UNFADING INK-THIS AGE carefully supplied. that it may be certificate. item of information should be it. OF DEATH in plain terms, so ant. See instructions on back of -Every item CAUSE OF important. N. B.

PLACE OF DEATH

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 1.3

County	Registration Dist. No./3/
Village or City Frederich (No. 201,	Palmer [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mercuber 13, 1917.  (Month) (Day) (Year)
8 DATE OF BIRTH  Nov // 1835  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Colored 2, 1914, to November 13, 1914, that I last saw h allve on Perseufer 12, 1914
7 AGE If LESS than t day, hrs.	and that death occurred on the date stated above, at 10 15 Am, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or Mouse Worke at Monne (a) Trade, profession, or Mouse Worke at Monne (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) 7 yrs. 7 mos. 7 ds.
OF FATHER (State or country)  Mangland  10 NAME OF FATHER George Talmer  11 BIRTHPLACE OF FATHER (State or country) Many fancl,  12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER Monry Weddle  13 BIRTHPLACE OF MOTHER (State or country) Many lands  14 THE ABOVE IS TRUE TO THE BOST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?
(Interment) David Groff  (Address) 701 N. Marknet St.	Former or usual residenca  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov. 14, 1914 fra. J. M. Loweles	Alet Olivet Bosy Nov 15', 1914, 20 UNDERTAKER ADDRESS Thomas To This and The day

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman,

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Putermeal scotichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulzions," "Debility" ("Conter" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned LENT DEATHS State MEANS OF INJUSY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senfle," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," \_\_ (name origin; "Can-State cause for Examples:



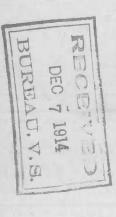
	PLACE OF DEATH 11534	STATE OF MARYLAND
Co	unty trederich	CERTIFICATE OF DEATH
	To bity &	Mospetal Registration Dist. No. 131
Vil	age or City Trederick (No. 5/3	Mard) [It death occurred in a hospital or institution,
	·	give its NAME instead ot street and number.]
	2 FULL NAME Thank Co Ver	Ty
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	emale White Single, Married Whomas Whomas Office (Write the word)	16 DATE OF DEATH 30 , 1914 (Month) (Day (Year)
D /	ATE OF BIRTH	Dept. 26 1944 to Nor 30 1914
	ang 27, 1868	that I last saw her alive on non 30 1914
7 A	(Minth) (Dáy (Year)	and that death occurred on the date stated above, at 6.40 0 m
	46 3 3 1 day,hrs.	The CAUSE OF DEATH* was as follows:
60	CCUPATION ds. OR	Chronie Nephritis
(a)	Trade, protession, or Vouceurfe	l
(b)	General nature of industry,	Dupporedly
Whi	iness, or establishment in ch employed (or employer)	(Ouration) yrs. omos. ds
9 BI	(State or country.) Maryland	Secondary Secondary
	10 NAME OF TATHER	(Signed) Jabuer (Ouration) yrs mos ds
TS	11 BIRTHPLACE	Dec 1 ,1914 (Address) Frederick md
Z	OF FATHER (State or country) Maryland	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PARI	12 MAIDEN NAME OF MOTHER Margaret Stout	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
	13 BIRTHPLACE OF MOTHER (State or country)  Manylan	At place in the of death yrs mos ds. State 3 yrs mos ds
4 1	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
	(Informant) 4 Milliam 6. Felly	Former or usual residence. Furced excelp
	(Address) 513 marker &	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	24 1 2 200 1	Met, Olivet Cen a lea 2, 194
FII	ed 2 1914 Charlet Manually Registrate	20 UNDERTAKER ADDRESS
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		, , , , , , , , , , , , , , , , , , , ,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. CAUSING DEATH, state oecupation at beginning of illbeen changed or given up ou account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is neefirst live will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

"Coutributory." ture of the Americau Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canby earbolic acid-probably suicide. The uature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakuess," "Heart fallure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia affection need not be stated unless important. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of (seeondary), 10 ds. "Exhaustiou," Never report



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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No. 14 9
St.;Ward)	[if death occurred in a hospital or institution,
1- 2-	of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE (Month) (Year) I HEREBY CERTIFY, That I attended deceased from that I last aaw ballalive on ...... (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at... 1 day,....hrs. OR ..... 7 ds. SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... State or coun Contributory Secondary ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accodental, SUICIDAL, or HOMICIDAL. NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place to the ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ...... yrs, \_\_\_\_ ds Where was disease contracted. If not at place of death?-Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the The contributory (Recommendations on statement of (secondary or intercurrent)



10 OCCUPATION PHYSICIANS St: Ward) RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, BINDING (Month) ORDIVORCED 8 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at., 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 properly BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, pe supplied business, ur establishment ju FADING (Doration) may which employed (ur employer) --certificate. Contributory. 9 BIRTHPLACE (State or country) (Secondary) NO 10 NAME OF FATHER (Signed) 80 of ARENTS 191 4. (Address). 11 BIRTHPLACE terms, OF FATHER (State or country) should 12 MAIDEN NAME piain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE = At place in the OF MOTHER (State or country of Inform DEATH I of death ..... yrs. .... mos. Where was disease contracted. If not at place of death? Farmer or Every Item CAUSE OF Important. S usual residence. BURIAL OR REMOVAL Every 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

lif death occurred in a hospital or Institution. give its NAME justead of street and number. I

(Day) I HEREBY CERTIFY, That I attended deceased from \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DATE OF BURIAL

O IN

0 %

YOUR

[Approved by U. S. Census and American Public Health
Association.]

statement. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples "Foreman," (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from may be stated under (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: For VIO-



Very OCCUPATION PHYSICIANS classified. properly be certificate. of back terms. 50 plain Instructions Information C DEATH See 50 OF Item Important. Every It 0

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Filed.

### RECORD PERMANENT UNFADING WRITE

STATE OF MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH abellasville.

Registration Dist. No.

-Ward)

Ilf death occurred in a hospital or institution. give lis NAME lostead of street and number. ]

ADDRESS

Vous Pure Birth PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from . 191 ..... to... (Month) 7 AGE and that death occurred on the date stated above at 2 ... 40 Am If LESS than 1 day hrs. The CAUSE OF DEATH \* was as follows: ex/Omin.? \_\_\_\_\_\_\_ds.\_\_\_\_ds. 8 OCCUPATION emelino Berli (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Signed) PARENTS 11 BIRTHPLACE ., 191 44. (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. (State or country) State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of Never report



If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

Very

### STATE OF MARYLAND CERTIFICATE OF DEATH

120

gistration Dist.	No./ V/
St.;Ward)	[It death occurred in a hospital or institution, give its NAME lostead ot street and number.]
CERTIFICATE OF	DEATH
hov	(Day (Year)
(Month)	(Day (Year)
14, to 141	191 (4,
	bove, atm,
was as follows:	on Presser
	of lungs
(Duration)	yrsds.
(Doration)	yrs mos ds.  A Charles
AUSING DEATH, or, in sof Injury; and cinal.	n deaths from VIOLENT (2) whether ACCIDEN-
CE (FOR HOSPITALS, I	STITUTIONS, TRANSIENTS,
ds. State	yrs mos ds
***************************************	20 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0
REMOVAL	DATE OF BURIAL
t. Petersville	DATE OF BURIAL
10	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

statement. cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has Physician, Compositor, Architect, Locomotive Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never retnrn "Laborer," As examples: "Foreman," engincer, The (b)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

by carbolic acid—probably suicide. The nature of the nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convnlsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report



Very 10 PHYSICIANS should of OCCUPATION IS statement PERMANENT ciassified. properly pe UNFADING may certificate. jo back terms, pinous 6 plain instructions 2 DEATH See ŏ OF Important. Every 8

### 11538 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Ward) a hospital or institution. give its NAME instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1914 to Nov! alive on Nove 24 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... min. ? muca - Lallow BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 7. 191.64. (Address) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ State \_\_\_\_ yrs.\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO OF MY KNOWLEDGE If not at place of death?. Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all discases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Bronehopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



# WRITE PLAINLY, WITH UNFADING INK-THIS IS A

S. No. 1.

RECORD

PERMANENT

Every Item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

Gounty Frederick

See or City State Danaloum,

Sterry Richsteric

PARTICULARS

16 DATI

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

.St.;.....Ward)

lif death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White opposed (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  July 7, 1872  (Morth) (Day (Year)	that I last saw h we alive on nov 21, 1914
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2/04Pm.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Fulmonary Internloss.
business, or establishment in Housery, which employed (or employer)  BIRTHPLACE (State or country)  Maufaul.	Contributory Cardiau Faulul Secondary
10 NAME OF FATHER August Richstein  11 BIRTHPLACE OF FATHER (State or country) May land	(Signed) M. Howard Hager., M. D.  No. 21., 1914. (Address) Flate Danslower M.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSEN, state (1) MEANS OF INJURY; and (2) whether Acciden-
12 MAIDEN NAME Cleanor Heppenstein  13 BIRTHPLACE OF MOTHER (State or country) Manyland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  of death we may de State with the first transients.
(Informant) H. Harduer.  (Andress) State Danstonium, Md.	Where was disease contracted, furfactorm.  If not at place of death?  Former or usual residence. ROSA, Holmore At, Balls, MA.
Filed Dec 1. 1914, C. J. Sterri	Ballemore, Med, 3, 1814.  20 UNDERTAKER M. S. aloger, January, Med.
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At schoot or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopnieumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



No.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la a hospifal or institution. give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO. WIDOWED, (Month) (Day ORDIVERCEO I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. Where was disease contracted. If not af place of death? Former or usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAN

20 UNDERTAKER

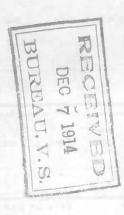
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term ou the tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (0)

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Every Item CAUSE OF Important.

S. No. 1.

ANS should state

1 PLACE OF DEATH Village or City State Danalorphone

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

261111	NAME M	icha	el	Chott
PULL	NAME			

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	all White Single,  Married,  Widowed,  Orbitorect  (Write the word)	16 DATE OF DEATH Nov. /8 ,1914  (Month) (Day (Year)
B D/	May 3/ 1858  (Month) (Day (Year)	that I last saw have allow on nov. 18, 1914,
TAG	, , , , , , , , , , , , , , , , , , , ,	and that death occurred on the date stated above, at 12:50 a.m., The GAUSE OF DEATH* was as follows:
(a) pai	OCCUPATION ) Trade, profession, or Brick layer. riscular kind of work.	Pulmonary + Laryngeal
bus whi	General nature of industry, illess, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  Jermany,	Contributory Exhaustin Secondary (Duration) yrs mos ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) N. Howard ye age., N. D.  Nov. 17, 1914 (Address) Atote Sonatown hid-  *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place of death yrs. mos. /4 ds. State / yrs. mos. de
14 T	(Informant) 2. It, Sarduer.	Where was disease contracted, but known.  If not at place of death?  Former or usual residence 6 2 7 0. 6 th, St., Itaghlandburn, Balto, Ind.
16 FII	(Address) State Danolonem, md.	Date of Burial OR REMOVAL  Ballimore, Md.  20 UNDERTAKER  M. S. Creoger.  ADDRESS  Thurword, Md.
	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cangenital," affection ueed not be stated unless important. such, If impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For vioture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations ou statement of "Exhaustion," Never report Ex-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 11542  County Frederich  Village or City Maz Emmils Courty	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 3  [If death occurred is a hospital or lostitution, give its NAME lostead
*FULL NAME Tails Jerane S	my de of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male winds or the word)  **COLOR OR RAGE   5 SINGLE, MARRIED, Millowed   Wildowso, Wildowso, Wilder   Wildowso, Wilder	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I hereby certify, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	Mov. 17 1914 to Mov 21 1914.  that I last saw him alive on Mov 21 1914
7 AGE 11 LESS than 1 dayhrs.	and that death occurred on the date atated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry,	Endarteritis
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Page 100 100 100 100 100 100 100 100 100 10	Contributory Atrio Volorosie Secondary
10 NAME OF FATHER ASPH Smills  11 BIRTHPLACE OF FATHER	(Signed) Btooke Samison, M.D.  Mr 23, 191 4 (Address) Jennits bergad
11 BIRTHPLACE OF FATHER (State-Lor country)  12 MAIDEN NAME OF MOTHER  MARY  M	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Plans los Pa	At place In the of deathyrs,mosds  Where was disease contracted.
(Informant) Clarence Smy Knowledge	If not at place of death?————————————————————————————————————
(Address) Cossimils but of the Share Standard Repternan	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Batto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Mcastcs (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mus," "Old Age," "Shock," "Uraemia," "Weakness," The contributory (secondary or intercurrent) (Recommendations on statement of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

County Trederich S	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist, No. 131
THESON City Trederick (No 78.	Alres St.; Ward)  [It death occurred a hospital or institution give its NAME insternation of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year
Ocx 24 , 829  (Month) (Day (Year)	HEREBY CERTIFY, That I attended deceased f
7 AGE   If LESS than 1 day,hrs.   OR   min. ?	and that death occurred on the date stated above, at 1. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	arterio - Leterosci
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE	Gentributory aruses
(State or country) Clarefaced  10 NAME OF FATHER  (State or country)  10 NAME OF The state of th	(Signed) (Suration) yrs 9 mos
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MOTHER	*State the Disease Causing Dearn, or, in deaths from Viol Causes, state 1) Means of Injury; and (2) whether Accordate, Suicidal, or Homicidal.
OF MOTHER Margarex Sluth  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)  At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) In a Moller	ot death yrs mos ds. State yrs mos  Where was disease contracted, it not at place of death? Former or usual residence
15 Filed 30 Stor 1914 Lower Manual,	19 FINCE OF BURIAL OR REMOVAL DATE OF BURIAL  CULLULISTIC DE 19t  20 UN PERTAKEN DE ADORESS
REGISTRIA	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvatvutar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify ail diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae-



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statement

RECORD

PLACE OF DEATH 1544 STATE OF MARYLAND CERTIFICATE OF DEATH County Trederice Registered No. Ilt death occurred in a hospital or lostitution. give its NAME lostead ot street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINOLE. november 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, st. 3. 3 t day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? mos. BOCCUPATION (a) Trade, protession, or particular kind of work .... (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory.....(Secondary) BIRTHPLACE (State or country) ... (Deratioo) yrs mos ds. 10 NAME OF (Signed) FATHER Nov. 15, 1914 (Address) Trederick, mo ENTS 11 BIRTHPLACE (State or country) \*State the DISEASE CAUSING DEATH, or, in desths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ...... yrs, \_\_\_\_ mos. ..... ds. Where was disease contracted. If not at place of death? ..... Former or usual residence. 19 PLACE OF BURAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Belto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. mine, etc. statement. material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, The (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scptichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory tetanus) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing (secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 "Exhaustion, FOI VIO-



PLACE OF DEATH 11545	STATE OF MARYLAND
County Trederick /	CERTIFICATE OF DEATH
V-	Registered No.
Parling Elia	St; Ward)  [It deeth occurred in a hospitel or institution, give its NAME instead of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesuale Color or RACE  S BINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the Word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	Sept 1914 to Nov. 7 1944, that I last saw her allve on Nov 6, 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 100 Pm.
// yrs	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or perticuler kind of work  Stradent	Hert Gastritos with weinte
(b) Beneral nature of industry, business, or establishmant in which employed (or employer)	Gentributory Chlorosio mos. ds.
State or country) Rudenck My	(Secondary) (Doration) yrs. mos. ds.
10 NAME OF Calvin Swomley	(Signed) Neudus M. D.
11 BIRTHPLACE OF FATHER (State or country) Brederich Co My  12 MAIDEN NAME OF MOTHER Annu Kate Kemp	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Trederick Co My	At place in the of death yrs. mos. ds. State yrs. mos. ds.
(Intermant) Mrs. annu Kali dwomly	It not at place of death?  Former or  usual residence.
(Address) Frederick My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1914
Filed,191	20 UNDERTAKER ADDRESS Cl Carly Frederick Med
If more blanks are meeded, address State Registrs	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, should be taken to report specifically the occupations galufully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menunonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosaeum, etc.,

dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritte. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



V. B. No. 1.

County Reduced 11548	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 138
Village or City Moniona (No	St.; Ward)  [It death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
S DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month)         (Day)         (Year)           7 AGE         If LESS than 1 day,hrs.           aboxb         80         yrsmosds.         ormin.?	that I last saw h alive on Nov. 26 that I last saw h alive on the date stated above, at 1.30 Pm.  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or Jam Laborer particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manyland	(Ouration) yrs. 8 mos. ds.  Contributory acteurs - Selections (Secondary)  (Secondary)  (Secondary)  (Ouration) yrs mos ds
11 BIRTHPLACE OF FATHER Charles 18. Joodle  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Susan Mahoney  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informani) Seo, Foodle (Son)  (Address) Monsona Me  File 18 19 1914 Les Maylor  REGISTRAR	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Must Mark alele  Must Mark alele
Il more blanks are needed, address State Registra	r, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (a)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacinus," "Oid Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig "Contributory." which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds.: oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or Intercurrent) "Dropsy," (name origin; "Can "Exhaustion," Examples: For VIO-



PLACE OF DEATH 11547  County Fuleriel  Village or City Fuleriel  (No. 349, )	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
FULL NAME THE MONTH	1 Million
FERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE MARBIED, WIDOWED, WIDOWED, ORDIVORCED (WESTER THE WORD)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day (Year)
DATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from  Jany 10, 1913, to 87 4, 1914  that I last saw h 12 alive on 1914
TAGE  20 yrs 4 mos 2 ds. or min.?  BOCCUPATION (a) Trade, protession, or Telethrone Oherales.	and that death occurred on the date stated above, at 1-30 pm. The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Springraals Fairfur Co.	Contributory Fubrulu au Enteritis Secondary
OF FATHER MED, Jurner  11 BIRTHPLACE OF FATHER (State or country) Fairfax CO. Va  12 MAIDEN NAME OF MOTHER BESSIE DAVID  13 BIRTHPLACE	(Signed)
OF MOTHER (State or country) Custom Va  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, It not at place of death? Former or usual residence.
(Address) 349-m. PKI-21- 16 Filed Mov 1914 Ang Mic Candy REGISTRAR	18 GLACE OF BURIAL OR REMOVAL  Pread Falls Virginia 11-6, 1914  20 UNDERTAKER  6. E. Cline Frederick
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

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certificate.

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Important.

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No. 02

15

OF MOTHER (State or country)

### 11548 PLACE OF DEATH County trederiele PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day ..... hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baity, Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Nov,	16 (Day	, 1914 (Year)
17 I HEREB	V CERTIEV That	1 attended d	acascad from
april 8	1914, to no	1.16	, 191 4
that I last saw h 20 a	alive on hor.	16	1914
and that death occurred	on the date state	d above, at	1:00 P. m
The CAUSE OF DEATH			
P. O			. 0
1 acus	nony T to	ugu ges	
	mberculo	220	
	(Dunation)	1	
	(Duration)	yrs	.mosas
Contributory 60	Chanaly	n :	* * * * * * * * * * * * * * * * * * *
	(Duration)	vrs.	mosds
(Signed) M. How.	24000		
(Signed)	Je de	A -	
nov 18, , 1914	(Address)	Danalo	run lus
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, OR ANS OF INJURY;	or, in deaths in and (2) whet	rom Violent ber Acciden
16 LENGTH OF RESIDE	NCE (FOR HOSPITAL	S, INSTITUTIONS	TRANSIENTS
OK HECENI HESIDENIS	,	_	
wf highe	THE HE	like.	man d.
of death vrs. / mo	s. 6 ds. State	O VINE	
of death yrs mo Where was disease contracted	s ds. State		. mos., 08
of death yrs mo Where was disease contracted if not at place of death?	s. & ds. State		. mos., 08
Where was disease contracted, if not at place of death?	Unknow	w.	*************
Where was disease contracted if not at place of death?  Former or usual residence. Morro	Unterson Ol Park, Br	w.	***************
Where was disease contracted, if not at place of death?	Unterson Ol Park, Br	w.	d.
Where was disease contracted if not at place of death?  Former or usual residence. Morro	OR Park, Bo	allo, n	d. BURIAL
Where was disease contracted if not at piace of death?  Former or usual residence.  **Torner of Usual residence of Burial O	Unkerou OR Park, Por Pard. Ballas	DATE OF	DURIAL, 1914.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, perilonaeum, etc., Carcin-

nalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



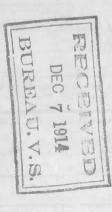
Cou	PLACE OF DEATH  Trederich  The state of the	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
Villa	FULL NAME JESSE P W	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE 7	Male White Single, Married Willowso, What of Wirte the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
8 DA	TE OF BIRTH  Oct 9, 1860  (Month) (Day (Year)	191 4 to 10 13 191 4, that I last saw h. 22 alive on 10 17 13 191 4
TAG	574 yrs mos 4 ds. OR min.?	and that death occurred on the date stated above, at 3m, The GAUSE OF DEATH* was as follows:
(a)	Trade, protession, or Willer icular kind of work	accident in mackinery
bush	General nature of Industry, less, or establishment in the employed (or employer)  State or country)  W	Ontibutory Peritonities  Secondary
	10 NAME OF C	(Duration) yrs A mos 3 ds.
TS	11 BIRTHPLACE	(Signed) Amuch, M.S. M.S. 191 A (Address) Fresk ma
PAREN	OFFATHER (State or country) Frech Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  Montgracy Col	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the transient of the tran
	Informant) Roll True to the Best of My Knowledge	Where was disease contracted, If not at place of death?  Former or usual residence.
16	(Address). Frederess mo	Prospect Uld WW 15 194
File	REGISTRAR	Bownam With airy
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



11550	
1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Afridanch	Registered No. / 7/
VIIIago or City Friderick (No. Frederick) 2 FULL NAME Chao. 34. Zina	ich City Horkst; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX . 4 COLOR OR RACE   5 SINGLE, MARRIED, Maried   WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  // (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	2000. 2.3 1914, to 2000. 24 1914.
Su/5 L. 24, 1866 (Month) (Day) (Year)	that I last saw have alive on 7000 2.3 ,191 4
AGE   If LESS than   1 day,	and that death occurred on the date stated above, at 1.2.1.50mm. The CAUSE OF DEATH* was as follows:
POCCUPATION (a) Trade, profession, or farming with the particular kind of work.  (b) General nature of industry,	Thick on healt by horse accident. accident
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Tracture of should (Secondary)
10 NAME OF FATHER Servey O. Zimmerman  11 BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed) (Signed) (Signed) (Signed) (Address)
of Mother Marsha E. albaugh	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
OF MOTHER (State or country) Full # Ces	At place of death yrs. mos. 2% ds. State yrs. mos. ds.  Where was disease contracted.
(Informant) Alas Colon Tananana	If not at place of death? Washerwills mall of usual residence was used to the same of the
(Address) That peguille M.S.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  May Deve F. H. d. 18 May 16 1914
Filed 25 / Mr. 1914 A Milecula REGISTRA	Puternan & Barton Halkusielle
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples: For VIO-



MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 11551	STATE OF MARYLAND
Redunck 6	CERTIFICATE OF DEATH
County	Registration Dist. No./38
Village or City Men Market (No	St.: Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Single White White (Write the word)	16 DATE OF DEATH // J , 1914 (Month) (Day) (Year)
May 17, 1898 (Monda) (Day) (Year)	that I last saw h use alive on Nov. S. th. 1914,
7 AGE  16 yrs. 5 mos. 18 ds. 08min. ?	and that death occurred on the date stated above, st. 4 P. m.  The CAUSE OF DEATH* was as follows:  Progression Muscular Utropley
6 OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in none which employed (or employer)	(Duration) /3 yrs. 4 mos. 2 ds.
(State or country) New Market, Md	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER Jus. Francio Zimmerman	(Signed) N. N. Nofeshiro M. D.
T BIRTHPLACE OF FATHER (State or country) Pennsylvania	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
a mma Toogle	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) no. F. Junnerman (father)	If not at place of death?  Former or usual residence
(Address) New Market, M.	New Market Md. Nov. A., 1914  20 UNDERTAKER  ADDRESS
Filed WAN B TE , 1914 TO REGISTRAR  If more blanks are needed, address State Registral	West alcones new Market Md

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpural septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

